

AUTO CR - LOG SUMMARY #1072525

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that officers attempted to arrest the subject for various offenses. The subject refused to cooperate with the officers and struggled with the officers when they tried to handcuff him. When the subject continued to resist the officers, Officer Ritter deployed her Taser at him to gain compliance. The officers were able to take the subject into custody.	(None Entered)		

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	MULLINS, JAMES L			024 /	SERGEANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
12-NOV-2014 11:27 - 12-NOV-2014 11:27		431	024	289 - RESIDENCE PORCH/HALLWAY	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Witness	JACKSON, DAWN R	2202		024 /	SERGEANT OF POLICE	F	BLK		
NON-CPD	Victim/Subject						M	BLK		
CPD Employee	Involved Member	RITTER, KATHRYN A	20154		024 /	POLICE OFFICER	F	WHI		
CPD Employee	Witness	BARRAZA, MARIA I	14804		024 /	POLICE OFFICER	F	WWH		
CPD Employee	Witness	TIM, JERAD			024 /	POLICE OFFICER	M	API		
CPD Employee	Witness	SMART, JESSICA L	4205		024 /	POLICE OFFICER	F	BLK		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	28-NOV-2014 11:53	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
ADMINISTRATIVELY CLOSED	28-NOV-2014 11:52	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	14-NOV-2014 11:20	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	14-NOV-2014 10:19	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	14-NOV-2014 09:51	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Needs Taser download.
PRELIMINARY	13-NOV-2014 07:53	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	13-NOV-2014 07:51	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Needs Taser download and final arrest report.
PRELIMINARY	13-NOV-2014 07:46	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	13-NOV-2014 03:32	MEDINA, JONATHAN	POLICE OFFICER	010 / 116	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					MEDINA, JONATHAN	13-NOV-2014 03:32			
	DOCUMENTS - INTAKE INCIDENT		2	PO Kathryn Ritter	N	HAYES, SHANNON	13-NOV-2014 07:51	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Maria Barraza	N	HAYES, SHANNON	13-NOV-2014 07:50	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	Sgt Dawn Jackson	N	HAYES, SHANNON	13-NOV-2014 07:50	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Jerad Tim	N	HAYES, SHANNON	13-NOV-2014 07:51	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Jessica Smart	N	HAYES, SHANNON	13-NOV-2014 07:51	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		6		N	HAYES, SHANNON	14-NOV-2014 09:51	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1		N	HAYES, SHANNON	14-NOV-2014 10:19	APPROVED		

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
	DOCUMENTS - INTAKE INCIDENT		4	Public Peace Violation - Reckless Conduct; Assault - Aggravated; Knife/Cutting Instr; Criminal Damage - To Property; Interference With Public Officer - Resist/Obstruct/Disarm Officer	N	HAYES, SHANNON	13-NOV-2014 07:47	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 13-NOV-2014) - LOG #1072525

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	MULLINS, JAMES L			024 /	SERGEANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
12-NOV-2014 11:27 - 12-NOV-2014 11:27		2431	024	289 - RESIDENCE PORCH/HALLWAY	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	13-NOV-2014 03:32	MEDINA, JONATHAN	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	28-NOV-2014 11:53	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
ADMINISTRATIVELY CLOSED	28-NOV-2014 11:52	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
PRELIMINARY	13-NOV-2014 03:32	MEDINA, JONATHAN	POLICE OFFICER	010 / 116	

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11.388(6/03)-C

RD # [REDACTED]
Case ID [REDACTED]
EVENT [REDACTED]

INCIDENT	APPROVAL COMPLETE		
	IUCR: 0470 - Public Peace Violation - Reckless Conduct		
	0520 - Assault - Aggravated:Knife/Cutting Instr 1310 - Criminal Damage - To Property 3710 - Interference With Public Officer - Resist/Obstruct/Disarm Officer		
	Occurrence Location: [REDACTED] 090 - Apartment	Beat: 2431	Unit Assigned: 2431R RO Arrival Date: 12 November 2014 23:04
	Occurrence Date: 12 November 2014 22:53	# Offenders: 1	

NON-OFFENDER(S)	VICTIM - Individual							
	Name: [REDACTED]	Demographics						
	Res: [REDACTED] Beat: 2431	Male Black 5'07, 195 lbs	DOB: [REDACTED] Age: 47 Years					
	Sobriety: Unknown CPD Officer: No	Identification: <table border="1"><tr><th>Type</th><th>State</th><th>Number</th></tr><tr><td>State Id</td><td>Illinois</td><td>[REDACTED]</td></tr></table>		Type	State	Number	State Id	Illinois
Type	State	Number						
State Id	Illinois	[REDACTED]						
Other Communications and Availability								
Cellular Phone : [REDACTED]								

NON-OFFENDER(S)	VICTIM - Individual Police Officer		
	Name: JACKSON, Dawn		
	6464 N Clark St Chicago, Illinois 312 - 744 - 5907	Beat: 2432	
	Sobriety: Sober CPD Officer: Yes		
Other Communications and Availability			
Residence Phone : 312-744-5907			

NON-OFFENDER(S)	VICTIM - Individual Police Officer		
	Name: TIM, Jared		
	Res: 6464 N Clark St Chicago IL	Beat: 2432	
	Sobriety: Sober CPD Officer: Yes		
Other Communications and Availability			
Business Phone : 312-744-5907			

NON-OFFENDER(S)	WITNESS - Individual		
	Name: [REDACTED]	Demographics	
	Res: [REDACTED] Beat: 1531	Female Black	DOB: [REDACTED] Age: 20 Years
	CPD Officer: No		

NON-OFFENDER(S)

Other Communications and Availability

Cellular Phone : [REDACTED]

WITNESS - Individual

Name:	[REDACTED]	Beat:	1524	Demographics	
Res:	[REDACTED]			Male	DOB: [REDACTED]
				Black	Age: 24 Years
CPD Officer:	No			Identification:	
				Type	State
				State Id	Illinois
					Number

Other Communications and Availability

Cellular Phone : [REDACTED]

WITNESS - Individual

Name:	[REDACTED]	Beat:	2431	Demographics	
Res:	[REDACTED]			Male	DOB: [REDACTED]
				Asian/Pacific Islander	Age: 42 Years
CPD Officer:	No			5'07,	
				125 lbs	
				Brown Hair	
				Identification:	
				Type	State
				State Id	Illinois
					Number

Other Communications and Availability

Cellular Phone : [REDACTED]

WITNESS - Individual

Name:	[REDACTED]	Beat:	2431	Demographics	
Res:	[REDACTED]			Male	DOB: [REDACTED]
				Black	Age: 48 Years
CPD Officer:	No			Identification:	
				Type	State
				State Id	Illinois
					Number

Other Communications and Availability

Cellular Phone : [REDACTED]

INJURY(S)

Injury Info (JACKSON,Dawn - Victim)

Extent: Minor

CFD First Aid Given? Yes

Hospital: [REDACTED]

Responding Unit: AMBULANCE 56

Physician Name: DR.

Contact Person: JACKSON Dawn

Type	Weapon Used	Other Weapon Used
None Visible	Hand/Feet/Teeth/Etc.	Other - Head

SUSPECT(S)	Suspect # 1		In Custody	
			Demographics	
	Name:		Male	DOB:
	Res:	Beat: 2411	Black	Age: 30 years
			5'08,	Birth Place: Illinois
			170 lbs ,	State Id
			Brown Eyes	Suspected of Using:
			Brown Hair	Alcohol
			Short Hair Style	
			Light Brown Complexion	

RELATIONSHIP				
	JACKSON, Dawn	(Victim)	is a No Relationship of	(Offender)
	TIM, Jared	(Victim)	is a No Relationship of	(Offender)
		(Witness)	is a No Relationship of	(Offender)

OTHER	Miscellaneous	
	Victim Information Provided	Flash Message Sent ? No

OTHER PROPERTIES	Property #1		Possessor/User
	Quantity: 1	Used as Weapon? Yes	
		Taken/Stolen? No	
	Description: Black And Blue Box Cutter	Owner:	Recovered? Yes
	Color: Black	Property Type: Tools	

NOTIFICATIONS	Request Type	Unit	Agency Name	Date	Star #	Name
	Notification	630	Detective Area - North	13 November 00:18	20824	TAKAKI,
	Other Notifications May Be In Narrative.					
	Notification	116	Deployment Operations Center	13 November 02:08	10478	GOLDIE,

NARRATIVES		
	EVENT IN SUMMARY, R/O'S RESPONDED TO A CALL OF ASSAULT IN PROGRESS AT APT. 213 OF ABOVE ADDRESS. UPON ARRIVAL R/O'S HEARD (VICTIM AND COMPLAINANT) SCREAMING FROM THE INSIDE OF HIS APARTMENT SAYING HE WAS LOCKED IN AS HIS DOOR WAS "JAMMED UP" BECAUSE (OFFENDER) HAD KICKED IT TRYING TO GAIN ENTRY AFTER HE WAS TOLD TO LEAVE. THERE WAS NO MANAGEMENT OR MAINTENANCE PERSONNEL IN BUILDING THAT COULD BE NOTIFIED AND MIGHT HAVE A KEY AND HELP WITH THE DOOR. BECAUSE FRONT DOOR IS THE ONLY DOOR TO THE APARTMENT AND IT COULD NOT BE OPENED. R/O'S REQUESTED HELP FROM CFD.CFD ENGINE 25 RESPONDED AND FORCED DOOR OPEN FOR APT 213. STEPPED OUT AND THEN RELATED TO R/O'S THAT HIM ALONG WITH (WITNESS) (WITNESS), AND (WITNESS) WERE IN THE APARTMENT WITH (OFFENDER) JUST HAVING A GOOD TIME TALKING. STATED THAT IS A NEIGHBOR WHO HAS BEEN STAYING IN APARTMENT 207 WITH (WITNESS) AND (OFFENDER) HAD	

NARRATIVES

SHOWN UP EARLIER IN THE EVENING ALREADY DRUNK. [REDACTED] SAID THAT HIM AND HIS HUSBAND [REDACTED] (WITNESS) DECIDED IT WAS TIME FOR THEM TO GET SOME SLEEP AS THEY HAD TO WORK THE NEXT MORNING. [REDACTED] TOLD [REDACTED] TO LEAVE HIS APARTMENT AND AT THIS TIME [REDACTED] BECAME IRATE AND THREATENED [REDACTED] WITH A KNIFE (BOX CUTTER). [REDACTED] ALSO RELATED THAT [REDACTED] STEPPED OUT OF THE APARTMENT BUT STARTED STRONGLY KICKING THE DOOR MULTIPLE TIMES. R/O'S SPOKE WITH [REDACTED] (WITNESS), WHO STATED THAT [REDACTED] (OFFENDER) HAD WENT BACK INSIDE APARTMENT 207 AFTER BEING AT APT. 213. R/O'S WALKED OVER TO APT. 207 AND ENCOUNTERED [REDACTED] (WITNESS), WHO STATED THAT HE ORIGINALLY CALLED THE POLICE WHEN HE HEARD PEOPLE SCREAMING SOMEWHERE IN THE HALLWAY NEAR HIS APARTMENT, BUT THEN LEARNED THAT IT WAS HIS FRIEND [REDACTED] (OFFENDER) WHO WAS INVOLVED IN THE ARGUMENT. [REDACTED] (WITNESS) STATED THAT [REDACTED] (OFFENDER) HAD WENT INSIDE HIS APARTMENT (207), BUT WANTED HIM TO LEAVE AFTER HE HAD CAUSED SAID DISTURBANCE. [REDACTED] TRIED TO OPEN HIS DOOR AND REALIZED THAT [REDACTED] (OFFENDER) HAD LOCKED HIMSELF INSIDE AND REFUSED TO OPEN THE DOOR. BOTH [REDACTED] AND R/O'S ASKED [REDACTED] TO OPEN THE DOOR AS WE NEEDED TO SPEAK WITH HIM. AFTER KNOCKING AND ASKING FOR HIM TO OPEN THE DOOR SEVERAL TIMES, [REDACTED] OPENED THE DOOR BUT REFUSED TO STEP OUT INTO HALLWAY WHEN ASKED, AND STATED THAT HE HAD DONE NOTHING WRONG. R/O'S REQUESTED [REDACTED] TO STEP OUT SEVERAL TIMES BEFORE HE DID. ONCE OUT IN THE HALLWAY, [REDACTED] SAT ON THE FLOOR. [REDACTED] WAS ASKED SEVERAL TIMES TO STAND UP, BUT HE REFUSED. BEAT 2406R PO'S RITTER 13154 AND TIM 8432, AND SARGEANT JACKSON (2410R) WERE ON SCENE AT THIS TIME AND ALSO ASKED [REDACTED] TO STAND UP. AFTER SEVERAL FAILED ATTEMPTS FOR [REDACTED] TO GET UP, R/O'S SMART 4205 AND TIM 8432 ASSISTED THE OFFENDER IN STANDING UP, AND WERE ABLE TO STAND HIM UP. AT THIS TIME R/O'S TRIED PLACING [REDACTED] INTO CUSTODY. [REDACTED] CLASPED HIS HANDS AND TIGHTENED UP HIS BODY. [REDACTED] WAS ASKED TO COOPERATE SEVERAL TIMES, BUT HE REFUSED. EMERGENCY TAKEDOWN WAS EXECUTED BY R/O'S SMART, AND TIM. A STRUGGLE ENSUED WHEN TRYING TO PLACE [REDACTED] IN HANDCUFFS. SARGEANT JACKSON, PO SMART, PO BARRAZA (14804) AND PO TIM TRIED TO CUFF THE OFFENDER, BUT ATTEMPTS FAILED. DURING THE STRUGGLE, PO TIM TRIED PULLING [REDACTED] CLASPED HANDS APART AND AS PO TIM ATTEMPTED THIS, PO TIM'S HEAD STRUCK SGT. JACKSON'S HEAD. PO TIM ALSO SUSTAINED A MINOR INJURY TO HIS LEFT FOOT BIG TOE AS IT GOT CAUGHT BETWEEN [REDACTED] BODY AND THE WALL. [REDACTED] CONTINUED TO RESIST AT WHICH POINT PO RITTER (13154) BEAT 2406 WARNED [REDACTED] SEVERAL TIMES THAT THE TASER WOULD BE DEPLOYED IF HE FAILED TO COMPLY WITH VERBAL COMMANDS. [REDACTED] (OFFENDER) FAILED TO COMPLY AT WHICH TIME PO RITTER DEPLOYED TASER. SUBSEQUENT TO TASER DEPLOYMENT [REDACTED] (OFFENDER) WAS PLACED INTO CUSTODY. [REDACTED] (OFFENDER) REFUSED MEDICAL ATTENTION. [REDACTED] WAS TRANSPORTED TO 024 FOR FURTHER PROCESSING. SGT. JACKSON WAS TRANSPORTED TO ST. FRANCIS WITH MINOR INJURIES BY AMBULANCE 56, AND PO TIM TRANSPORTED HIMSELF TO [REDACTED] BOTH SGT. JACKSON AND PO TIM WERE TREATED AND RELEASED. TASER PRONGS FELL FROM OFFENDER AND WERE SUBSEQUENTLY RECOVERED BY PO RITTER AND INVENTORIED IN 024 DISTRICT UNDER INVENTORY [REDACTED] VICTIM INFORMATION GIVEN. COURT INFORMATION: BRANCH 42-4 ON 19NOV2014

NOTIFICATION: SERGEANT J MULLINS Beat#: Star#: 2601 Emp#: Date: 13-NOV-2014 Time: 2319 ONS

- STAR#: 14804 NAME: MARIA BARRAZA BEAT: 2431R
- STAR#: 4205 NAME: JESSICA SMART BEAT: 2431R
- STAR#: 2202 NAME: DAWN JACKSON BEAT: 2410R
- STAR#: 13154 NAME: KATHRYN RITTER BEAT: 2406R
- STAR#: 8432 NAME: JERAD TIM BEAT: 2406R
- STAR#: 14598 NAME: JOEL ALGARIN BEAT: 2472R
- STAR#: 14727 NAME: BRENDAN SHIELDS BEAT: 2472R

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	14804	[REDACTED]	BARRAZA, Maria, I	[REDACTED]	13 Nov 2014 05:59	024	2431R

IUCR ASSOCS.

Victim	IUCR	Crime	Offender
[REDACTED]	0520	Assault - Aggravated:Knife/Cutting Instr	[REDACTED]
[REDACTED]	1310	Criminal Damage - To Property	[REDACTED]
JACKSON	0470	Public Peace Violation - Reckless Conduct	[REDACTED]
JACKSON	3710	Interference With Public Officer - Resist/Obstruct/Disarm Officer	[REDACTED]

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 12-NOV-2014		TIME 23:22:00		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE 289		4. BEAT/OCCUR 2431										
	5. POSITION 9161		6. LAST NAME BARRAZA		7. FIRST NAME MARIA I		8. STAR NO. 14804		9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		10. RACE CODE WWH		11. AGE [REDACTED]		12. HT. 506		13. WT. 127			
	14. DATE OF APPT. 31-AUG-2012			15. EMPLOYEE NO. [REDACTED]			16. UNIT & BEAT OF ASSIGNMENT 024 2431R			17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
SUBJECT INFORMATION	20. LAST NAME [REDACTED]			21. FIRST NAME [REDACTED]			22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 508		27. WT. 170			
	28. ADDRESS [REDACTED]			29. TELEPHONE NO. [REDACTED]			30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?				34. BY WHOM?		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input checked="" type="checkbox"/> 05 Refused Medical Aid													
REASON FOR USE OF FORCE (Check all that apply)	36. CHARGES PLACED <input type="checkbox"/> DNA <input type="checkbox"/> 37. CB NO. [REDACTED] IR NO. <input type="checkbox"/> DNA																			
	38. DNA <input type="checkbox"/>																			
	39. DNA <input checked="" type="checkbox"/>																			
SUBJECT'S ACTIONS	PASSIVE RESISTER				ACTIVE RESISTER				ASSAILANT: ASSAULT				ASSAILANT: BATTERY				ASSAILANT: DEADLY FORCE			
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>				FLED <input type="checkbox"/>				IMMINENT THREAT OF BATTERY <input type="checkbox"/>				ATTACK WITH WEAPON <input type="checkbox"/>				USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>			
	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>				PULLED AWAY <input checked="" type="checkbox"/>				OTHER _____				ATTACK WITHOUT WEAPON <input type="checkbox"/>				WEAPON <input type="checkbox"/>			
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/>				OPEN HAND STRIKE <input type="checkbox"/>				ELBOW STRIKE <input type="checkbox"/>				KNEE STRIKE <input type="checkbox"/>				FIREARM <input type="checkbox"/>			
	VERBAL COMMANDS <input checked="" type="checkbox"/>				TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>				CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>				KICKS <input type="checkbox"/>				OTHER _____			
	ESCORT HOLDS <input type="checkbox"/>				OC CHEMICAL WEAPON <input type="checkbox"/>				IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>				IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>							
WEAPON DISCHARGE INCIDENT	40. ADDITIONAL INFORMATION																			
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/>																			
	42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors																			
CASE INFO.	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial																			
	44. WEATHER CONDITIONS CLEAR																			
	45. MAKE/MANUFACTURER																			
SIGNATURES	46. MODEL																			
	47. BARREL LENGTH																			
	48. CALIBER/GAUGE																			
70. EVENT NO.	49. TASER DART ID NO.																			
	50. WEAPON SERIAL No. (Include Letters)																			
	51. CHICAGO GUN REG. NO.																			
71. R.D. NO.	52. IL FIREARM OWNER ID. NO.																			
	53. HANDGUN CERTIFICATE NO.																			
	54. SPECIAL WEAPON CERTIFICATE NO.																			
72.	55. PROPERTY INVENTORY NO.																			
	56. TYPE OF AMMUNITION USED																			
	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.																			
73. REPORTING MEMBER (Print Name)	58. TOTAL NO. OF SHOTS MEMBER FIRED																			
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)																			
	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																			
74. REVIEWING SUPERVISOR (Print Name)	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED																			
	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)																			
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)																			
75. DATE	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD																			
	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																			
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)																			
76. TIME	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																			
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																			
	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																			
77. (REV. 10/07)	70. EVENT NO.																			
	71. R.D. NO.																			
	72.																			
73. REPORTING MEMBER (Print Name)	73. REPORTING MEMBER (Print Name) BARRAZA, MARIA I																			
	STAR/EMPLOYEE NO. 14804																			
	SIGNATURE [REDACTED]																			
74. REVIEWING SUPERVISOR (Print Name)	74. REVIEWING SUPERVISOR (Print Name) MULLINS, JAMES L																			
	STAR NO. 2601																			
	SIGNATURE [REDACTED]																			
75. DATE	DATE REVIEWED 13-NOV-2014 05:44:51																			
	TIME 13-NOV-2014 05:44:51																			
	76. TIME 13-NOV-2014 05:44:51																			

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

The subject stated, in summary but not verbatim, that he didn't think he did anything wrong. But if someone got hurt he wanted to apologize. He admitted that he had been drinking.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on available information the Officer's actions were in compliance with Department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

CRAWFORD, PATRICK J

SIGNATURE

DATE COMPLETED

TIME

13-NOV-2014 05:46:12

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

5

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 12-NOV-2014		TIME 23:22:00		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE 289		4. BEAT/OCCUR 2431								
	5. POSITION 9171		6. LAST NAME JACKSON		7. FIRST NAME DAWN R		8. STAR NO. 2202		9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		10. RACE CODE BLK		11. AGE [REDACTED]		12. HT. 504		13. WT. 148	
	14. DATE OF APPT. 30-JAN-1991		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 024 2430R		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 508		27. WT. 170			
	29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No											
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34. BY WHOM? [REDACTED]		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input checked="" type="checkbox"/> 05 Refused Medical Aid													
REASON FOR USE OF FORCE (Check all that apply)	36. CHARGES PLACED <input type="checkbox"/> DNA <input type="checkbox"/> 37. CB NO. [REDACTED] IR NO. <input type="checkbox"/> DNA																	
	38. DNA <input type="checkbox"/>																	
	39. DNA <input checked="" type="checkbox"/>																	
SUBJECT'S ACTIONS	PASSIVE RESISTER																	
	ACTIVE RESISTER																	
	ASSAILANT: ASSAULT																	
MEMBER'S RESPONSE	ASSAILANT: BATTERY																	
	ASSAILANT: DEADLY FORCE																	
	OTHER																	
WEAPON DISCHARGE INCIDENT	40. ADDITIONAL INFORMATION																	
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER																	
	42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors																	
CASE INFO.	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial																	
	44. WEATHER CONDITIONS CLEAR																	
	45. MAKE/MANUFACTURER																	
SIGNATURES	46. MODEL																	
	47. BARREL LENGTH																	
	48. CALIBER/GAUGE																	
CPD-11.377 (REV. 10/07)	49. TASER DART ID NO.																	
	50. WEAPON SERIAL No. (Include Letters)																	
	51. CHICAGO GUN REG. NO.																	
CPD-11.377 (REV. 10/07)	52. IL FIREARM OWNER ID. NO.																	
	53. HANDGUN CERTIFICATE NO.																	
	54. SPECIAL WEAPON CERTIFICATE NO.																	
CPD-11.377 (REV. 10/07)	55. PROPERTY INVENTORY NO.																	
	56. TYPE OF AMMUNITION USED																	
	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER																	
CPD-11.377 (REV. 10/07)	58. TOTAL NO. OF SHOTS MEMBER FIRED																	
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)																	
	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																	
CPD-11.377 (REV. 10/07)	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED																	
	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)																	
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)																	
CPD-11.377 (REV. 10/07)	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD																	
	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																	
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)																	
CPD-11.377 (REV. 10/07)	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																	
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																	
	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																	
CPD-11.377 (REV. 10/07)	70. EVENT NO.																	
	71. R.D. NO.																	
	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																	
CPD-11.377 (REV. 10/07)	73. REPORTING MEMBER (Print Name) MULLINS, JAMES L																	
	STAR/EMPLOYEE NO. 2601																	
	SIGNATURE [REDACTED]																	
CPD-11.377 (REV. 10/07)	74. REVIEWING SUPERVISOR (Print Name) MULLINS, JAMES L																	
	STAR NO. 2601																	
	SIGNATURE [REDACTED]																	
CPD-11.377 (REV. 10/07)	DATE REVIEWED 13-NOV-2014 04:37:31																	
	TIME 13-NOV-2014 04:37:31																	
	75. REVIEWING SUPERVISOR (Print Name) MULLINS, JAMES L																	

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

The subject stated, in summary but not verbatim, that he didn't think he did anything wrong. But if someone got hurt he wanted to apologize. He admitted that he had been drinking.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on available information the Officer's actions were in compliance with Department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

CRAWFORD, PATRICK J

SIGNATURE

DATE COMPLETED

TIME

13-NOV-2014 04:42:39

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

5

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 12-NOV-2014		TIME 23:24:00		2. ADDRESS OF OCCURRENCE			3. LOCATION CODE 289		4. BEAT/OCCUR 2431												
	5. POSITION 9161		6. LAST NAME RITTER		7. FIRST NAME KATHRYN A		8. STAR NO. 13154		9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT. 503		13. WT. 135					
	14. DATE OF APPT. 01-SEP-2010			15. EMPLOYEE NO. [REDACTED]			16. UNIT & BEAT OF ASSIGNMENT 024 2406R		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No									
SUBJECT INFORMATION	20. LAST NAME [REDACTED]				21. FIRST NAME [REDACTED]				22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 508		27. WT. 170			
	28. TELEPHONE NO. [REDACTED]				30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No									
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?				34. BY WHOM?				35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input checked="" type="checkbox"/> 05 Refused Medical Aid													
REASON FOR USE OF FORCE (Check all that apply)	36. CHARGES PLACED <input type="checkbox"/> DNA																		37. CB NO. [REDACTED]		IR NO. <input type="checkbox"/> DNA	
	38. DNA <input type="checkbox"/>		PASSIVE RESISTER				ACTIVE RESISTER				ASSAILANT: ASSAULT				ASSAILANT: BATTERY				ASSAILANT: DEADLY FORCE			
	SUBJECT'S ACTIONS		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____				FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____				IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____				ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____				USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____			
WEAPON DISCHARGE INCIDENT	MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input checked="" type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____				OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____				ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____				KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>				FIREARM <input type="checkbox"/> OTHER _____			
	39. DNA <input type="checkbox"/>																		40. ADDITIONAL INFORMATION			
	POSITION		STAR NO.		UNIT																	
CASE INFO.	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER				42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors				43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial				44. WEATHER CONDITIONS CLEAR									
	45. MAKE/MANUFACTURER				46. MODEL				47. BARREL LENGTH				48. CALIBER/GAUGE									
	49. TASER DART ID NO. C62004DVP				50. WEAPON SERIAL No. (Include Letters) ZZX30063E				51. CHICAGO GUN REG. NO.				52. IL FIREARM OWNER ID. NO.				53. HANDGUN CERTIFICATE NO.					
SIGNATURES	54. SPECIAL WEAPON CERTIFICATE NO.				55. PROPERTY INVENTORY NO.				56. TYPE OF AMMUNITION USED				57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1				58. TOTAL NO. OF SHOTS MEMBER FIRED					
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)				60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED				62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)									
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)				64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO													
70. EVENT NO.	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																	
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																	
	71. R.D. NO.																					
72.	NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input checked="" type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																					
	73. REPORTING MEMBER (Print Name) RITTER, KATHRYN A				STAR/EMPLOYEE NO. 13154				SIGNATURE [REDACTED]													
	74. REVIEWING SUPERVISOR (Print Name) MULLINS, JAMES L																					
CPD-11.3.77 (REV. 10/07)	STAR NO. 2601				SIGNATURE [REDACTED]				DATE REVIEWED 13-NOV-2014 03:50:57				TIME									

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

The subject stated, in summary but not verbatim, that he didn't think he did anything wrong. But if someone got hurt he wanted to apologize. He admitted that he had been drinking.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on available information the Officer's actions were in compliance with Department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

CRAWFORD, PATRICK J

SIGNATURE

DATE COMPLETED

TIME

13-NOV-2014 04:02:33

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

5

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 12-NOV-2014		TIME 23:22:00		2. ADDRESS OF OCCURRENCE [REDACTED]				3. LOCATION CODE 289		4. BEAT/OCCUR 2431									
	5. POSITION 9161		6. LAST NAME SMART		7. FIRST NAME JESSICA L		8. STAR NO. 4205		9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		10. RACE CODE BLK		11. AGE [REDACTED]		12. HT. 506		13. WT. 150			
	14. DATE OF APPT. 28-DEC-2009				15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 024 2431R		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
SUBJECT INFORMATION	20. LAST NAME [REDACTED]				21. FIRST NAME [REDACTED]				22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 508		27. WT. 170	
	28. TELEPHONE NO. [REDACTED]				29. WAS SUBJECT ARMED? KNIFE/OTHER CUTTING INSTRUMENT, KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				30. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
	32. WHERE WAS MEDICAL TREATMENT OBTAINED?				33. BY WHOM?				34. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input checked="" type="checkbox"/> 05 Refused Medical Aid											
REASON FOR USE OF FORCE (Check all that apply)	35. CHARGES PLACED <input type="checkbox"/> DNA <input type="checkbox"/> 37. CB NO. [REDACTED] IR NO. <input type="checkbox"/> DNA																			
	36. SUBJECT'S ACTIONS																			
	37. MEMBER'S RESPONSE																			
WEAPON DISCHARGE INCIDENT	38. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]																			
	39. ADDITIONAL INFORMATION [REDACTED]																			
	40. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER																			
CASE INFO.	41. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors																			
	42. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial																			
	43. WEATHER CONDITIONS OTHER																			
SIGNATURES	44. MAKE/MANUFACTURER																			
	45. MODEL																			
	46. BARREL LENGTH																			
CPD-11.37 (REV. 10/07)	47. CALIBER/GAUGE																			
	48. TASER DART ID NO.																			
	49. WEAPON SERIAL No. (Include Letters)																			
CPD-11.37 (REV. 10/07)	50. CHICAGO GUN REG. NO.																			
	51. IL FIREARM OWNER ID. NO.																			
	52. HANDGUN CERTIFICATE NO.																			
CPD-11.37 (REV. 10/07)	53. SPECIAL WEAPON CERTIFICATE NO.																			
	54. PROPERTY INVENTORY NO.																			
	55. TYPE OF AMMUNITION USED																			
CPD-11.37 (REV. 10/07)	56. NO. OF WEAPONS DISCHARGED BY THIS MEMBER																			
	57. TOTAL NO. OF SHOTS MEMBER FIRED																			
	58. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)																			
CPD-11.37 (REV. 10/07)	59. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																			
	60. NO. OF CARTRIDGES/SHOT SHELLS RELOADED																			
	61. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)																			
CPD-11.37 (REV. 10/07)	62. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)																			
	63. SPECIFY METHOD/EQUIPMENT USED TO RELOAD																			
	64. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																			
CPD-11.37 (REV. 10/07)	65. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)																			
	66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																			
	67. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																			
CPD-11.37 (REV. 10/07)	68. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																			
	69. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC																			
	70. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.																			
CPD-11.37 (REV. 10/07)	71. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																			
	72. REPORTING MEMBER (Print Name) SMART, JESSICA L																			
	73. STAR/EMPLOYEE NO. 4205																			
CPD-11.37 (REV. 10/07)	74. SIGNATURE [REDACTED]																			
	75. Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																			
	76. REVIEWING SUPERVISOR (Print Name) MULLINS, JAMES L																			
CPD-11.37 (REV. 10/07)	77. STAR NO. 2601																			
	78. DATE REVIEWED 13-NOV-2014 04:15:38																			
	79. TIME 13-NOV-2014 04:15:38																			

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

The subject stated, in summary but not verbatim, that he didn't think he did anything wrong. But if someone got hurt he wanted to apologize. He admitted that he had been drinking.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on available information the Officer's actions were in compliance with Department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

CRAWFORD, PATRICK J

SIGNATURE

DATE COMPLETED

TIME

13-NOV-2014 04:45:14

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

5

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

	1. DATE OF INCIDENT 12-NOV-2014		TIME 23:22:00		2. ADDRESS OF OCCURRENCE [REDACTED]						3. LOCATION CODE 289		4. BEAT/OCCUR 2431										
MEMBER INVOLVED	5. POSITION 9161		6. LAST NAME TIM		7. FIRST NAME JERAD			8. STAR NO. 8432		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE API		11. AGE [REDACTED]		12. HT.		13. WT.					
	14. DATE OF APPT. 01-SEP-2010		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 024 2406R			17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No											
SUBJECT INFORMATION	20. LAST NAME [REDACTED]				21. FIRST NAME [REDACTED]				22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 508		27. WT. 170				
	PHONE NO. [REDACTED]				30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No						31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No										
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?				34. BY WHOM?				35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input checked="" type="checkbox"/> 05 Refused Medical Aid														
36. CHARGES PLACED <input type="checkbox"/> DNA																		37. CB NO. [REDACTED]		IR NO. 		<input type="checkbox"/> DNA	
REASON FOR USE OF FORCE (Check all that apply)	38. [] DNA																						
	SUBJECT'S ACTIONS	PASSIVE RESISTER	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>	OTHER _____	ACTIVE RESISTER	FLED <input type="checkbox"/>	PULLED AWAY <input checked="" type="checkbox"/>	OTHER _____	ASSAILANT: ASSAULT	IMMINENT THREAT OF BATTERY <input type="checkbox"/>	OTHER _____	ASSAILANT: BATTERY	ATTACK WITH WEAPON <input type="checkbox"/>	ATTACK WITHOUT WEAPON <input type="checkbox"/>	OTHER _____	ASSAILANT: DEADLY FORCE	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>	WEAPON <input type="checkbox"/>	OTHER _____			
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____	OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____	ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____	KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	FIREARM <input type="checkbox"/> OTHER _____																		
WEAPON DISCHARGE INCIDENT	39. <input checked="" type="checkbox"/> DNA																						
	* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) _____																						
	40. ADDITIONAL INFORMATION _____ POSITION: _____ STAR NO.: _____ UNIT: _____																						
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER				42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors				43. LIGHTNING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial				44. WEATHER CONDITIONS OTHER										
	45. MAKE/MANUFACTURER				46. MODEL				47. BARREL LENGTH				48. CALIBER/GAUGE										
	49. TASER DART ID NO.				50. WEAPON SERIAL No. (Include Letters)				51. CHICAGO GUN REG. NO.				52. IL FIREARM OWNER ID. NO.				53. HANDGUN CERTIFICATE NO.						
54. SPECIAL WEAPON CERTIFICATE NO.				55. PROPERTY INVENTORY NO.				56. TYPE OF AMMUNITION USED				57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER				58. TOTAL NO. OF SHOTS MEMBER FIRED							
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) _____				60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				61. NO. OF CATRIDGES/SHOT SHELLS RELOADED				62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) _____											
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) _____				64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD														65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC.) _____								67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.															
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN								69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) _____															
CASE INFO.	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																						
SIGNATURES	73. REPORTING MEMBER (Print Name) TIM, JERAD STAR/EMPLOYEE NO. 8432 13-NOV-2014 03:47:09 SIGNATURE [REDACTED]																						
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																						
74. REVIEWING SUPERVISOR (Print Name) MULLINS, JAMES L				STAR NO. 2601				SIGNATURE [REDACTED]				DATE REVIEWED TIME 13-NOV-2014 03:51:57											

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

The subject stated, in summary but not verbatim, that he didn't think he did anything wrong. But if someone got hurt he wanted to apologize. He admitted that he had been drinking.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on available information the Officer's actions were in compliance with Department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

CRAWFORD, PATRICK J

SIGNATURE

DATE COMPLETED

TIME

13-NOV-2014 04:04:21

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

5

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11. 420C (REV. 6/30)

CB #:

IR #:

YD #:

RD #:

EVENT #:

ARREST REPORTING

OFFENDER	Name		Male	
	Res		Black	
		Beat: 2411	5' 08"	
	DOB		170 lbs	
	AGE: 30 years		Brown Eyes	
	POB: Illinois		Black Hair	
	SSN:		Short Hair Style	
	ARMED WITH Lethal Cutting Instrument		Light Brown Complexion	

INCIDENT	Arrest Date: 12 November 2014 23:25	TRR Completed? Yes	Total No Arrested: 1	Co-Arrests	Assoc Cases
	Location	Beat: 2431		DCFS Ward ? No	
	289 - Residence Porch/Hallway		Dependent Children? No		
	Holding Facility: District 020 Lockup				
	Resisted Arrest? Yes				

CHARGES	1	Offense As Cited	720 ILCS 5.0/31-1-A-7	Victim
			RESISTING/OBSTRUCT/PC OFF/CORR EMP/FRFTR INJ	Jackson, Dawn
			Class 4 - Type F	
	2	Offense As Cited	720 ILCS 5.0/12-2-C-1	
			AGG ASSAULT/USE DEADLY WEAPON	
			Class A - Type M	
	3	Offense As Cited	720 ILCS 5.0/21-1-A-1	
			CRIM DAMAGE TO PROPERTY <\$300	
			Class A - Type M	
	4	Offense As Cited	720 ILCS 5.0/26-1-A-1	
			DISORDERLY CONDUCT - BREACH OF PEACE	
			Class C - Type M	

FELONY REVIEW	Felony Review : Approved	13 NOV 2014 07:32	Taczy, Craig	State's Attorneys's Office



ARREST REPORTING

RECOVERED
NARCOTICS

NO NARCOTICS RECOVERED

WARRANT

NO WARRANT IDENTIFIED

ARREST COPY



ARREST REPORTING

VICTIM AND COMPLAINANT

Name: [REDACTED]	Male	Injured? No	Deceased? No
Res: [REDACTED]	Black		
Beat: 2431	DOB: [REDACTED]	Hospitalized? No	
	Age: 47 years	Treated and Released? No	
Comments:			

VICTIM AND COMPLAINANT

Name: JACKSON, Dawn	Female	Injured? Yes	Deceased? No
Res: 6464 N Clark St	Black		
Chicago, IL 60626	DOB: [REDACTED]	Hospitalized? Yes	
312-746-5907	Age: [REDACTED]	Treated and Released? Yes	
Comments: Sgt. Jackson Sustained An Injury To Her Head Attempting To Place The Offender Under Arrest.			

WITNESS

Name: [REDACTED]	Male	Injured? No	Deceased? No
Res: [REDACTED]	Black		
Beat: 1524	DOB: [REDACTED]	Hospitalized? No	
	Age: 24 years	Treated and Released? No	
Comments:			

WITNESS

Name: [REDACTED]	Male	Injured? No	Deceased? No
Res: [REDACTED]	Black		
Beat: 2431	DOB: [REDACTED]	Hospitalized? No	
	Age: 48 years	Treated and Released? No	
Comments:			

WITNESS

Name: [REDACTED]	Female	Injured? No	Deceased? No
Res: [REDACTED]	Black		
Beat: 1531	DOB: [REDACTED]	Hospitalized? No	
	Age: 20 years	Treated and Released? No	
Comments:			

ARRESTEE
VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

ARREST REPORTING

Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR [REDACTED] NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

EVENT [REDACTED] IN SUMMARY: A/O'S RESPONDED TO A CALL OF A ASSAULT IN PROGRESS. THE LISTED OFFENDER WAS ARRESTED ON SIGNED COMPLAINTS IN THAT HE THREATENED THE VICTIM WITH A BOX CUTTER WHILE BEING ESCORTED OUT OF THE APARTMENT KICKING AND SCREAMING, "I WILL KILL YOU." OFFENDER THEN CONTINUED TO KICK THE DOOR AFTER THE DOOR WAS CLOSED CAUSING DAMAGE TO THE FRAME AND COLUMN OF THE DOOR.

WHEN ATTEMPTING TO PLACE THE OFFENDER UNDER ARREST, THE OFFENDER BECAME RESISTANT, TIGHTLY CLASPING HIS HANDS AND SHOULDERS PULLING AWAY. A/O'S THEN PERFORMED AN EMERGENCY TAKE DOWN, WHICH CAUSE SGT JACKSON TO SUFFER A HEAD INJURY AND PO TIM A INJURY TO THE LEFT FOOT. AT THIS TIME, A TASER WAS DEPLOYED TO EFFECT THE ARREST.
CLEAR 2DA, GIPP AND INVESTIGATIVE WARRANTS.

DET HEERDT #20598, BT 5357; DET FRANCIS #21040, BT 5357.

COURT INFORMATION: BR 29-2 AT 0900HOURS; 24 DECEMBER 2014

INVENTORIES: [REDACTED]

Desired Court Date: 19 November 2014

Branch: 42-4 2452 W BELMONT - Room

Court Sgt Handle? No

Initial Court Date: 14 November 2014

Branch: CBC-1 2600 S CALIFORNIA - Room100

Docket #:

BOND INFORMATION NOT AVAILABLE

ATTESTING OFFICER:

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #4205 SMART, J L [REDACTED] 13 NOV 2014 06:34

ARRESTING OFFICER(S):

1st Arresting Officer: #4205 SMART, J L [REDACTED] Beat 2431R

2nd Arresting Officer: #14804 BARRAZA, M I [REDACTED] Beat 2431R

APPROVING SUPERVISOR:

Approval of Probable Cause : #1345 CHRISTIAN, A T [REDACTED] 13 NOV 2014 06:55

ARREST PROCESSING REPORT

Holding Facility: District 020 Lockup
Received in Lockup: 13 November 2014 08:19
Prints Taken: 13 November 2014 08:14
Palprints Taken: Yes
Photograph Taken: 13 November 2014 08:32
Released from Lockup:

Time Last Fed: 13 November 2014 08:45
Time Called: Phone#:
Cell #: 9 - Placed in one person cell
Transport Details : 2PO 2472R 12-NOV-2014 23:56

VISUAL CHECK OF ARRESTEE

Is there obvious pain or injury? No
Is there obvious signs of infection? No
Under the influence of alcohol/drugs? No
Signs of alcohol/drug withdrawal? No
Appears to be despondent? No
Appears to be irrational? No
Carrying medication? No

ARRESTEE QUESTIONNAIRE

Presently taking medication? No
(if female)are you pregnant?
First time ever been arrested? No
Attempted suicide/serious harm? No
Serious medical or mental problems? No
Are you receiving treatment? No
Transgender/intersex/gender non-conforming? No
Deaf/hard of hearing-request interpreter for court? No
Interpreter needed? (indicate language) No

RETURN TO HOLDING FACILITY COMMENTS:

QUESTIONNAIRE REMARKS:

LOCKUP KEEPER COMMENTS:

13 NOV 2014 12:38 11463 PIERSON, Paul L Fed At This Time
13 NOV 2014 13:57 POST, Thomas H 1330 Hrs - The Above Arrestee Related To R/O That He Was Not
Diagnosed With Any Medical Or Mental Condition As Well As Not
Prescribed Any Medication.
13 NOV 2014 13:57 POST, Thomas H 1335 Hrs - Fed At This Time.
13 NOV 2014 21:56 9719 MCCRAY, Clarence Arrestee Fed And Given Mattress Pad.

EMERGENCY CONTACT

Name :
Res Beat:

NO INTERVIEWS LOGGED

NO VISITORS LOGGED

ARREST PROCESSING REPORT

MOVEMENT LOG

MOVEMENT LOG INFORMATION NOT AVAILABLE

WC COMMENTS

Watch Commander Comments:

REL w/o CHARGING

DOES NOT APPLY TO THIS ARREST

PROCESSING PERSONNEL

ARRESTEE PROCESSING PERSONNEL:

			Beat
Searched By:	#3038	MULDER, R S	
Lockup Keeper:	#11463	PIERSON, P L	
Assisting Arresting Officer:	#13154	RITTER, K A	2406R
Assisting Arresting Officer:	#2202	JACKSON, D R	2410R
Assisting Arresting Officer:	#8432	TIM, J	2406R
Fingerprinted By:	#3038	MULDER, R S	
Detective :	#21040	Francis Jr, Nei	13 NOV 2014 06:42 5357

APPROVAL PERSONNEL:

			Beat
Final Approval of Charges :	#2620	SAMPSON, W F	13 NOV 2014 11:56

EVIDENCE SYNC[®] OFFLINE

DEVICE REPORT

ECD Information

Model #: TASER_ECD_X2

Serial #: ZZX30063E

Firmware Version: FWBundle Rev. 03.033

Device Health: Good

Offline Report

Date:

13 Nov 2014 02:51:49

Local Timezone:

Central Standard Time (UTC -6:00)

Event Log

GMT Time	Local Time	Event	Cartridge Info	Duration	Temp	Batt%
11/13/2014 04:20:44	11/12/2014 22:20:44	Armed	C1: Empty C2: Empty		25°C 25°C	41% 41%
11/13/2014 04:20:45	11/12/2014 22:20:45	Arc	C1: Empty C2: Empty	1s 1s		41% 41%
11/13/2014 04:20:45	11/12/2014 22:20:45	Safe	C1: Empty C2: Empty	1s 1s	25°C 25°C	41% 41%
11/13/2014 05:23:06	11/12/2014 23:23:06	Armed	C1: 25' Standard C2: 25' Standard		18°C 18°C	41% 41%
11/13/2014 05:23:25	11/12/2014 23:23:25	Safe	C1: 25' Standard C2: 25' Standard	18s 18s	20°C 20°C	41% 41%
11/13/2014 05:24:09	11/12/2014 23:24:09	Armed	C1: 25' Standard C2: 25' Standard		21°C 21°C	40% 40%
11/13/2014 05:24:23	11/12/2014 23:24:23	Trigger	C1: Deployed	5s		40% 40%
11/13/2014 05:24:50	11/12/2014 23:24:50	Safe	C1: Deployed C2: 25' Standard	41s 41s	24°C 24°C	40% 40%
11/13/2014 05:27:35	11/12/2014 23:27:35	Armed	C1: Deployed C2: 25' Standard		23°C 23°C	40% 40%
11/13/2014 05:27:42	11/12/2014 23:27:42	Safe	C1: Deployed C2: 25' Standard	7s 7s	24°C 24°C	40% 40%
11/13/2014 08:45:02	11/13/2014 02:45:02	USB Connected	C1: Invalid Cart. Type C2: Invalid Cart. Type		25°C 25°C	0% 0%
11/13/2014 08:45:05	11/13/2014 02:45:05	Time Sync	11/13/2014 02:45:05 to 11/13/2014 02:46:04			